



The Kalupur Commercial Co-Operative Bank Limited

(MULTI STATE SCHEDULED BANK)

"Kalupur Bank Bhavan", Nr. Income Tax Circle, Ashram Road, Ahmedabad-380014. Phone : 079-27582020 to 27582026

DP ID : IN 301321

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS		ACKNOWLEDGEMENT NO.	
A. IDENTITY DETAILS			
1	Name of the Applicant	Photograph Please affix your recent passport size photograph (Signature Across Photograph)	
2	Father's / Husband's Name		
3	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth D D M M Y Y Y Y
4	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	
5	a) PAN	b) Aadhaar Number, if any	
6	Specify the proof of identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify : _____)		
B. ADDRESS DETAILS			
1	Residence / Correspondence Address	<input type="checkbox"/> Correspondence Address	<input type="checkbox"/> Residence Address
	City/town/village	PIN Code	
	State	Country	
2	Specify the proof of address submitted for Residence / correspondence address		
3	Contact Details	Tel. (Off.)	Tel. (Res.)
		Fax No.	Mobile No.
		Email ID	
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	City / town / village	PIN Code
		State	Country
C. DECLARATION			
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.			
Signature of the Applicant :			Date D D M M Y Y Y Y
FOR OFFICE USE ONLY			
Sr.	Particulars		
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received		
2	In-Person-Verification (IPV) details :		
	a) Name of the person doing IPV		
	b) Designation		
	c) Name of Organization	The Kalupur Commercial Co-Operative Bank Limited	
	d) Signature		
	e) Date	D D M M Y Y Y Y	
Name & Signature of the Authorised Signatory		Name	
Date	D D M M Y Y Y Y	Sign :	Seal / Stamp of the Participant